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**PROPOSED COUNSEL FOR THE DEBTOR  
 AND DEBTOR-IN-POSSESSION**

**IN THE UNITED STATES BANKRUPTCY COURT  
 FOR THE NORTHERN DISTRICT OF TEXAS  
 DALLAS DIVISION**

<b>In re:</b>  <b>FC BACKGROUND, LLC, d/b/a FC          CONSTRUCTION SERVICES,</b>  <b>Debtor.</b>	§ § § § § § § §	<b>CHAPTER 11 CASE</b>  <b>CASE NO. 19-32037-sgj-11</b>
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**Global Notes and Statement of Limitations, Methodology, and Disclaimer Regarding  
 Debtor's Schedules and Statement**

The Schedules of Assets and Liabilities (the “Schedules”) and the Statement of Financial Affairs (the “Statement” and collectively with the Schedules, the “Schedules and Statement”) of FC Background, LLC, d/b/a FC Construction Services, (the “Debtor”), as debtor and debtor-in-possession, in this Chapter 11 case, have been prepared pursuant to 11 U.S.C. § 521 and Rule 1007 of the Federal Rules of Bankruptcy Procedure by management of the Debtor. Such preparation has been completed with the assistance of counsel, and without auditing such financial information.

While management has made reasonable efforts to ensure that the Schedules and Statement are accurate and complete based on information that was available to them at the time of preparation, subsequent information or discovery may result in material changes to these Schedules and Statement, and inadvertent errors or omissions may exist. Moreover, because the Schedules and Statement contain unaudited information that is subject to further review and potential adjustment, there can be no assurance that these Schedules and Statement are complete. Furthermore, nothing contained in the Schedules and Statement shall constitute a waiver of rights with respect to this Chapter 11 case and specifically with respect to any issues involving equitable subordination and/or causes of action arising under the provisions of Chapter 5 of the bankruptcy code and other relevant nonbankruptcy laws to recover assets or avoid transfers.

These Global Notes and Statement of Limitations, Methodology, and Disclaimer Regarding Debtor's Schedules and Statement (the "Global Notes") are incorporated by reference in, and comprise an integral part of, the Schedules and Statement, and should be referred to and reviewed in connection with any review of the Schedules and Statement.

### **Description of Cases and Information Dates**

On June 19, 2019 (the "Petition Date"), the Debtor filed a voluntary petition for relief under Chapter 11 of title 11 of the United States Code, 11 U.S.C. §§ 101-1330 (as amended, the "Bankruptcy Code"). The Debtor remains in possession of its property and is managing its business as debtor-in-possession pursuant to sections 1107(a) and 1108 of the Bankruptcy code. No trustee has been appointed and no official committee has been established in this case. The information provided herein, except as otherwise noted, generally represents the asset and liability data of the Debtor as of the Petition Date.

### **Amendment**

While reasonable efforts were made to file complete and accurate Schedules and Statement, inadvertent errors or omissions may exist. The Debtor reserves all rights to amend and/or supplement its Schedules and Statement as is necessary and appropriate.

### **Causes of Action**

The Debtor, despite efforts, may not have set forth all of its causes of action against third parties as assets in its Schedules and Statement. The Debtor reserves all of its rights with respect to any causes of action it may have and neither these Global Notes nor the Schedules and Statement shall be deemed a waiver of any such causes of action.

### **Claims Description**

By failing to designate a claim on the Schedules and Statement as "disputed," "contingent," and/or "unliquidated," the Debtor indicates no intentions for such claim to be allowed and paid pursuant to the proposed plan. The Debtor reserves the right to amend the Schedules or object to any scheduled claims if it discovers reasons to dispute any claims.<sup>1</sup> Moreover, these Schedules shall not be construed as an admission by the Debtor in the event that a creditor files a proof of claim. The Debtor expressly reserves the right to object to any filed claims.

### **Contracts and Leases**

Schedules D and G of the Debtor's Schedules includes all known contracts and/or leases with the Debtor, including various capitalized leases for equipment. The inclusion of the agreements in Schedule D and/or Schedule G is made without a determination by the Debtor of the extent to which such agreements are binding, enforceable or constitute secured financing, an "executory contract" or an "unexpired lease" as such terms are used in section 365 of the Bankruptcy Code. The inclusion of an agreement on the Debtor's Schedules is made out of an abundance of caution and to ensure notice of these bankruptcy cases to such counterparties.

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<sup>1</sup> If it becomes necessary to amend the Schedules for such purposes, the Debtor will agree to an extension of the claims bar date for the affected creditors. Presently, the Court has designated October 23, 2019, as the general claims bar date for non-government agency creditors.

### **Basis of Presentation**

These Schedules and Statement do not purport to represent financial statements prepared in accordance with Generally Accepted Accounting Principles.

### **Current Market Value of Assets**

It would be prohibitively expensive, unduly burdensome, and an inefficient use of estate assets for the Debtor to obtain current market valuations of all of its assets. Accordingly, unless otherwise indicated, the book values are reflected on the Debtor's Schedules and Statement for assets. For this reason, the amount ultimately realized from assets may vary from book value and such variance may be material. Exceptions to this include operating cash and certain other assets. Account balances are presented as the book balances as of May 31, 2019 (the month-end prior to the Petition Date) and June 19, 2019 (Petition Date), as available to the Debtor. Fixed assets are presented as of December 31, 2018.

### **Excluded Assets and Liabilities**

The Debtor has excluded certain categories of assets and liabilities from the Schedules and Statement such as any good will, employee benefit accruals, and deferred assets, losses and gains. Other nonmaterial assets and liabilities may also have been excluded. Additionally, the Schedules include claims that existed as of the Petition Date, even though the Debtor has obtained authority to pay certain tax, priority and critical vendor claims prior to the filing of the Schedules.

### **General Reservation of Rights**

The Debtor specifically reserves the rights to amend, modify, supply, correct, change or alter any part of its Schedules and Statement as and to the extent necessary and appropriate.

**Fill in this information to identify the case:**Debtor name **FC Background, LLC d/b/a FC Construction Services**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**Case number (if known) **19-32037-sgj-11**☐ Check if this is an amended filing**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets****1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

<b>1a. Real property:</b> Copy line 88 from <i>Schedule A/B</i> .....	\$ <b>0.00</b>
<b>1b. Total personal property:</b> Copy line 91A from <i>Schedule A/B</i> .....	\$ <b>9,126,785.51</b>
<b>1c. Total of all property:</b> Copy line 92 from <i>Schedule A/B</i> .....	\$ <b>9,126,785.51</b>

**Part 2: Summary of Liabilities**

<b>2. Schedule D: Creditors Who Have Claims Secured by Property</b> (Official Form 206D) Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i> .....	\$ <b>7,258,171.99</b>
<b>3. Schedule E/F: Creditors Who Have Unsecured Claims</b> (Official Form 206E/F)	
<b>3a. Total claim amounts of priority unsecured claims:</b> Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i> .....	\$ <b>145,732.79</b>
<b>3b. Total amount of claims of nonpriority amount of unsecured claims:</b> Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i> .....	+\$ <b>2,588,561.31</b>
<b>4. Total liabilities</b> ..... Lines 2 + 3a + 3b	\$ <b>9,992,466.09</b>

**Fill in this information to identify the case:**Debtor name **FC Background, LLC d/b/a FC Construction Services**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**Case number (if known) **19-32037-sgj-11**☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

**All cash or cash equivalents owned or controlled by the debtor****Current value of debtor's interest****2. Cash on hand****\$520.00****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **Comerica Bank****Checking****6533****\$209,407.18**3.2. **Comerica Bank****Checking****6525****\$0.01**3.3. **Chase****Checking****8044****Unknown**3.4. **Chase****Checking****5579****Unknown****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$209,927.19****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

Debtor **FC Background, LLC d/b/a FC Construction Services**  
NameCase number (If known) **19-32037-sgj-11**

- ☐ No. Go to Part 3.
- ☒ Yes Fill in the information below.

7. **Deposits, including security deposits and utility deposits**  
Description, including name of holder of deposit

7.1. **Rent Deposit on Dallas Facility (to Pollock Realty)** **\$3,200.00**

7.2. **Rent Deposit for Fort Worth Facility (to North Side Realty)** **\$2,446.98**

7.3. **Rent Deposit for Irving Facility (to Imperial Airport)** **\$1,540.00**

7.4. **Rent Deposit for Houston Facility (to CPZ Northway)** **\$2,563.03**

7.5. **Rent Deposit for Miami Facility (to EasternUnion)** **\$6,500.00**

7.6. **Rent Deposit for Campbell Center Office (to Campbell Centre)** **\$22,246.75**

7.7. **Rent Deposit for Miami Facility (to Shather & Associates)** **\$4,700.00**

8. **Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**  
Description, including name of holder of prepayment

8.1. **1st and last months rent for Florida FCB Express** **\$14,477.53**

8.2. **1st months rent for Miami Office** **\$7,244.33**

9. **Total of Part 2.**  
Add lines 7 through 8. Copy the total to line 81.

<u><b>\$64,918.62</b></u>
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**Part 3: Accounts receivable**

10. **Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.
- ☒ Yes Fill in the information below.

11. **Accounts receivable**



Debtor **FC Background, LLC d/b/a FC Construction Services**  
NameCase number (If known) **19-32037-sgj-11**☐ Yes25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☐ No☒ Yes. Book value**0.00**

Valuation method

**accrual basis at  
cost**

Current Value

**0.00**26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	<b>Office furniture</b> <b>See Exhibit A-39/41 for details</b>	<b>Unknown</b>	<b>accrual</b>	<b>\$65,950.00</b>
40.	<b>Office fixtures</b>			
41.	<b>Office equipment, including all computer equipment and communication systems equipment and software</b> <b>Office Equipment - See Exhibit A-39/41 for details</b>	<b>\$205,588.64</b>	<b>accrual</b>	<b>\$205,588.64</b>

42. **Collectibles** *Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

**\$271,538.64**44. **Is a depreciation schedule available for any of the property listed in Part 7?**☐ No☒ Yes See Exhibit A-39/41 for details45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes Fill in the information below.



Debtor **FC Background, LLC d/b/a FC Construction Services**  
NameCase number (If known) **19-32037-sgj-11**

	<b>General description</b> Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	<b>Net book value of debtor's interest</b> (Where available)	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
47.	<b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
48.	<b>Watercraft, trailers, motors, and related accessories</b> <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	<b>Aircraft and accessories</b>			
50.	<b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b> <b>ACS Equipment - See Exhibit A-39/41 for details</b>	<b>\$4,731,728.10</b>	<b>accrual</b>	<b>\$4,731,728.10</b>

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

**\$4,731,728.10**52. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes Fill in the information below.**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes Fill in the information below.

	<b>General description</b>	<b>Net book value of debtor's interest</b> (Where available)	<b>Valuation method used for current value</b>	<b>Current value of debtor's interest</b>
60.	<b>Patents, copyrights, trademarks, and trade secrets</b>			
61.	<b>Internet domain names and websites</b> <b>www.fc-cs.com and certain proprietary trade secrets</b>	<b>Unknown</b>		<b>Unknown</b>
62.	<b>Licenses, franchises, and royalties</b>			
63.	<b>Customer lists, mailing lists, or other compilations</b>			
64.	<b>Other intangibles, or intellectual property</b> <b>proprietary software</b>	<b>\$2,023,345.48</b>	<b>accrual</b>	<b>\$2,023,345.48</b>

Debtor **FC Background, LLC d/b/a FC Construction Services**  
NameCase number (If known) **19-32037-sgj-11**65. **Goodwill**66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

**\$2,023,345.48**67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?☐ No☒ Yes68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes Fill in the information below.**Current value of  
debtor's interest**71. **Notes receivable**

Description (include name of obligor)

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities**74. **Causes of action against third parties (whether or not a lawsuit has been filed)****State court lawsuit - FC Background, LLC v. First  
Mercury Insurance Company, et al., Cause No.  
DC-18-05257-D****Unknown****Nature of claim****Breach of Contract, Denial of  
Claims****Amount requested****\$1,000,000.00**75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**76. **Trusts, equitable or future interests in property**77. **Other property of any kind not already listed** Examples: Season tickets, country club membership78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

**\$0.00**79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor **FC Background, LLC d/b/a FC Construction Services**  
NameCase number (If known) **19-32037-sgj-11****Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u><b>\$209,927.19</b></u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u><b>\$64,918.62</b></u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u><b>\$1,661,119.48</b></u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u><b>\$0.00</b></u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u><b>\$164,208.00</b></u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u><b>\$0.00</b></u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u><b>\$271,538.64</b></u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u><b>\$4,731,728.10</b></u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u><b>\$0.00</b></u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u><b>\$2,023,345.48</b></u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u><b>\$0.00</b></u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u><b>\$9,126,785.51</b></u>	+ 91b. <u><b>\$0.00</b></u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u><b>\$9,126,785.51</b></u>

## **EXHIBIT “A-22”**

### **Other Inventory**

## Balance Sheet

As of March 31, 2019

Feb 28, 19

<b>1200 · Inventory</b>	
Inventory - RFID Badges	5,630
1210 · Inventory - eCups	229
1215 · Inventory - Film	27,705
1216 · Inventory - Badge Clips	1,244
1217 · Inventory - Badge Holder	3,688
1220 · Inventory - mCups	19,210
1240 · Inventory - OED Saliva Alcohol	15
1250 · Inventory - 10 Panel devices	8,062
1260 · Inventory - ID Cards	27,777
1261 · Inventory - MIFI Device	37,743
1262 · Inventory - BPS Components	32,905
<b>Total 1200 · Inventory</b>	<b>164,208</b>

## **EXHIBIT “A-39/41”**

### **Fixed Assets**

**FC Background, LLC**  
**Balance Sheet**  
**As of December 31, 2018**

FC Background, LLC

Fixed Assets

5/31/19

**Fixed Assets**

**1400 - Property and Equipment, at cost**

**1410 - Computers**

Located primarily at 8350 N. Central Expressway, Suite 300, Dallas, Texas 75206, and also at our  
368,778 leased locations

**1411 - Equipment - RFID Reader/Portal/Turnstiles**

5,318,531 Located primarily at clients' construction project sites throughout the U.S.

**1412 - Software - Purchased**

73,879 Located primarily at 8350 N. Central Expressway, Suite 300, Dallas, Texas 75206, and also at our  
leased locations

**1416 - Mobil Testing Kits -- Active**

7,920 Located primarily at 8350 N. Central Expressway, Suite 300, Dallas, Texas 75206, and also at our  
leased locations

**1420 - Equipment**

732,875 Located primarily at clients' construction project sites throughout the U.S.

**1430 - Office Furniture & Fixtures**

164,567 Located primarily at 8350 N. Central Expressway, Suite 300, Dallas, Texas 75206, and also at our  
leased locations

**1440 - Leasehold Improvements**

67,114 Located primarily at 8350 N. Central Expressway, Suite 300, Dallas, Texas 75206, and also at our  
leased locations

**1443 - Software Development**

3,516,523 Intangible (primarily capitalized internal salaries and external consulting fees)

**Total 1400 - Property and Equipment, at cost**

10,250,187

**1450 - Accumulated Depreciation**

**1415 - Accum Depreciation - Computers**

(291,496)

**1417 - Accum Depreciation - Software Purchased**

(64,034)

**1421 - Accum Deprec - Mobile Screening**

(296,613)

**1425 - Accum Depreciation - Equipment**

(1,333,706)

**1435 - Accum Deprec - Ofc Furn & Fixtures**

(98,617)

**1445 - Accum Deprec - Leasehold Improvements**

(14,768)

**1447 - Accumulated Deprec - Software Development**

(1,249,741)

**1450 - Accumulated Depreciation - Other**

(11,028)

**Total 1450 - Accumulated Depreciation**

(3,360,003)

**Net Fixed Assets**

6,890,184

**Fill in this information to identify the case:**Debtor name **FC Background, LLC d/b/a FC Construction Services**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**Case number (if known) **19-32037-sgj-11**☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.☒ Yes. Fill in all of the information below.**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<b>CA Dept of Tax &amp; Fee Administration</b> <small>Creditor's Name</small> <b>Account Info Group MIC:29</b> <b>P.O. Box 942879</b> <b>Sacramento, CA</b> <b>94279-0029</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b> <b>4479</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien  Describe the lien  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$38,705.02</b>	<b>Unknown</b>

2.2	<b>Comptroller of Maryland</b> <small>Creditor's Name</small> <b>Revenue Administration Division</b> <b>110 Carroll St.</b> <b>Annapolis, MD 21411-0001</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>	Describe debtor's property that is subject to a lien  Describe the lien  <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	<b>\$10,172.51</b>	<b>Unknown</b>
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Debtor **FC Background, LLC d/b/a FC Construction Services**

Case number (if know)

**19-32037-sgj-11**

Name

**Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.3 Delaware Division of Revenue**

Creditor's Name

**Attn: Zillah Frampton  
820 N. French St., 8th Fl.  
Wilmington, DE 19801**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$869.72****Unknown**

Describe the lien

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Florida Dept of Revenue**

Creditor's Name

**5050 W Tennessee Street  
Tallahassee, FL 32399-0120**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$13,004.19****Unknown**

Describe the lien

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.5 Georgia Department of Revenue**

Creditor's Name

**P.O. Box 105408  
Atlanta, GA 30348-5408**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$4,435.91****Unknown**

Describe the lien

Debtor **FC Background, LLC d/b/a FC Construction Services** Case number (if known) **19-32037-sgj-11**

Name

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.6

**Gulf Coast Bank and Trust Company, N.A.**

Creditor's Name

**as Successor in Interest to Capital Springs  
1825 Veterans Blvd.  
Metairie, LA 70005**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**All of the Debtor's assets, all cash, cash equivalents, accounts and other proceeds of such collateral.****\$2,072,038.00****Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

**6/30/2015**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.7

**Gulf Coast Bank and Trust Company, N.A.**

Creditor's Name

**as Successor in Interest to Capital Springs  
1825 Veterans Blvd.  
Metairie, LA 70005**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**All of the Debtor's assets, all cash, cash equivalents, accounts and other proceeds of such collateral.****\$1,581,012.00****Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

**11/23/2016**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

Check all that apply

Debtor **FC Background, LLC d/b/a FC Construction Services**  
Name

Case number (if known)

**19-32037-sgj-11**☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.☐ Contingent☐ Unliquidated☐ Disputed

2.8

**Harris County Tax  
Assessor- Collector**

Creditor's Name

**Attn: Ann Harris Bennett  
P.O Box 4622  
Houston, TX 77210-4622**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number  
9969****Do multiple creditors have an  
interest in the same property?**☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

Describe debtor's property that is subject to a lien

**\$616.14****Unknown**

Describe the lien

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.9

**Hitachi Capital America**

Creditor's Name

**7808 CreekrIDGE Cir., #250  
Minneapolis, MN 55439**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****6/22/2018****Last 4 digits of account number****Do multiple creditors have an  
interest in the same property?**☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

Describe debtor's property that is subject to a lien

**\$137,633.00****\$40,000.00****Equipment described in applicable loan or  
lease agreements.**

Describe the lien

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☒ Unliquidated☒ Disputed

2.1

0

**IBM Credit**

Creditor's Name

**7100 Highland Pkwy.  
Smyrna, GA 30082**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$301,816.00****\$144,000.00****Equipment described in applicable loan or  
lease agreements.**

Describe the lien

Debtor **FC Background, LLC d/b/a FC Construction Services** Case number (if known) **19-32037-sgj-11**

Name

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

**6/22/2018**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☒ Disputed2.1  
1**Illinois Department of Revenue**

Creditor's Name

**P.O. Box 19013  
Springfield, IL 62794-9013**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$14,133.21****Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1  
2**Internal Revenue Service**

Creditor's Name

**James H. Seveney  
4050 Alpha Rd.  
M/C 5105 NDAL  
Farmers Branch, TX  
75244-4201**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$2,125,000.00****Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**1864**

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

Check all that apply

Debtor **FC Background, LLC d/b/a FC Construction Services**  
NameCase number (if know) **19-32037-sgj-11**☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.☐ Contingent☐ Unliquidated☒ Disputed**2.1**  
**3** **Iowa Department of  
Revenue**

Creditor's Name

**P.O. Box 10412  
Des Moines, IA 50306-0412**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an  
interest in the same property?**☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

Describe debtor's property that is subject to a lien

**\$18,875.67****Unknown**

Describe the lien

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Creditors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.1**  
**4** **John R. Ames, Tax  
Assessor-Collector**

Creditor's Name

**P O Box 139066  
Dallas, TX 75313-9066**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****0000****Do multiple creditors have an  
interest in the same property?**☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

Describe debtor's property that is subject to a lien

**\$3,468.50****Unknown**

Describe the lien

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Creditors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.1**  
**5** **Massachusetts Dept. of  
Revenue**

Creditor's Name

**100 Cambridge St.  
Boston, MA 02114**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$13,690.34****Unknown**

Describe the lien

Debtor **FC Background, LLC d/b/a FC Construction Services** Case number (if know) **19-32037-sgj-11**

Name

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1  
6**Michigan Dept. of Treasury**

Creditor's Name

**Office of Collections  
P.O. Box 30199  
Lansing, MI 48909**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$187.65****Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1  
7**ML Factors**

Creditor's Name

**456A Central Ave., #128  
Cedarhurst, NY 11516**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$224,425.75****Unknown****Interest in fture accoiunts.**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

**2/4/2019**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☒ Disputed

Debtor **FC Background, LLC d/b/a FC Construction Services**  
NameCase number (if know) **19-32037-sgj-11**

2.1 8	<b>Nevada Dept. of Taxation</b> Creditor's Name  <b>1550 College Pkwy., #115</b> <b>Carson City, NV 89706</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b> <b>8226</b> <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$4,392.79</b>	<b>Unknown</b>
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2.1 9	<b>New Jersey Division of Taxation</b> Creditor's Name <b>Bankruptcy Section</b> <b>P.O. Box 245</b> <b>Trenton, NJ 08695-0245</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>  <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$15,117.53</b>	<b>Unknown</b>
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2.2 0	<b>New York State Sales Tax Processing</b> Creditor's Name  <b>P.O. Box 15172</b> <b>Albany, NY 12212-5172</b> Creditor's mailing address  Creditor's email address, if known  <b>Date debt was incurred</b>	Describe debtor's property that is subject to a lien  Describe the lien  Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No	<b>\$143,839.82</b>	<b>Unknown</b>
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Debtor **FC Background, LLC d/b/a FC Construction Services**  
NameCase number (if know) **19-32037-sgj-11**☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2  
1**North Carolina Department of Revenue**

Creditor's Name

**Attn: Bankruptcy Unit  
P.O. Box 1168  
Raleigh, NC 27602-1168**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$12,086.99****Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2  
2**Office of Tax and Revenue**

Creditor's Name

**1101 4th St., #370  
Washington, DC 20024**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$3,209.10****Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2  
3**Oklahoma Tax Commission**

Describe debtor's property that is subject to a lien

**\$172.50****Unknown**



Debtor **FC Background, LLC d/b/a FC Construction Services** Case number (if known) **19-32037-sgj-11**

Name

Creditor's Name

**P.O. Box 26850  
Oklahoma City, OK  
73126-0850**

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2  
4**Pennsylvania Dept of  
Revenue**

Creditor's Name

**Bureau of Business Trust  
Fund Taxes****P.O. Box 280904  
Harrisburg, PA 17128-0904**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$10,759.76****Unknown**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

**L01C**

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2  
5**South Carolina Dept. of  
Revenue**

Creditor's Name

**P.O. Box 125  
Columbia, SC 29214-0505**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$7,241.10****Unknown**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Debtor **FC Background, LLC d/b/a FC Construction Services**  
NameCase number (if know) **19-32037-sgj-11****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2  
6**State of Texas**

Creditor's Name

**111 E. 17th Street  
Austin, TX 78774-0100**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$68,977.61****Unknown**

Describe the lien

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2  
7**Technology Finance**

Creditor's Name

**7077 E. Marily Rd., Bldg 3,  
#125  
Scottsdale, AZ 85254**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred****11/27/2017****Last 4 digits of account number****Do multiple creditors have an interest in the same property?**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**\$84,208.00****\$36,000.00****Equipment described in applicable loan or lease agreements.**

Describe the lien

**Is the creditor an insider or related party?**☒ No☐ Yes**Is anyone else liable on this claim?**☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2  
8**Technology Finance**

Creditor's Name

**7077 E. Marily Rd., Bldg 3,  
#125  
Scottsdale, AZ 85254**

Describe debtor's property that is subject to a lien

**\$144,625.00****\$36,000.00****Equipment described in applicable loan or lease agreements.**

Debtor **FC Background, LLC d/b/a FC Construction Services**

Case number (if know)

**19-32037-sgj-11**

Name

Creditor's mailing address

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

**11/27/2017**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.2  
9**Technology Finance**

Creditor's Name

**7077 E. Marily Rd., Bldg 3,  
#125****Scottsdale, AZ 85254**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$95,400.00****\$36,000.00****Equipment described in applicable loan or  
lease agreements.**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

**2/12/2018**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.3  
0**Technology Finance**

Creditor's Name

**7077 E. Marily Rd., Bldg 3,  
#125****Scottsdale, AZ 85254**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$105,228.00****\$36,000.00****Equipment described in applicable loan or  
lease agreements.**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Date debt was incurred

**2/12/2018**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

As of the petition filing date, the claim is:

Check all that apply

Debtor **FC Background, LLC d/b/a FC Construction Services**  
NameCase number (if know) **19-32037-sgj-11**☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.☐ Contingent☐ Unliquidated☐ Disputed2.3  
1**Virginia Dept. of Taxation**

Creditor's Name

**P.O. Box 27423  
Richmond, VA 23261**

Creditor's mailing address

Describe debtor's property that is subject to a lien

**\$2,830.18****Unknown**

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an  
interest in the same property?☒ No☐ Yes. Specify each creditor,  
including this creditor and its relative  
priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$7,258,171.9  
9****Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?Last 4 digits of  
account number for  
this entity

**Fill in this information to identify the case:**Debtor name **FC Background, LLC d/b/a FC Construction Services**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**Case number (if known) **19-32037-sgj-11**☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims****1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>Ira D. Walker</b> <b>8350 N. Central Expressway, Suite 300</b> <b>Dallas, TX 75206</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$42,385.31</b>	<b>\$13,650.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>Mark Hinton</b> <b>8350 N. Central Expressway, Suite 300</b> <b>Dallas, TX 75206</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$42,385.31</b>	<b>\$13,650.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)	Basis for the claim:  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>FC Background, LLC d/b/a FC Construction Services</b> Name	Case number (if known)	<b>19-32037-sgj-11</b>
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2.3	Priority creditor's name and mailing address <b>Mark Hughes</b> <b>8350 N. Central Expressway, Suite 300</b> <b>Dallas, TX 75206</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$40,808.31</b>	<b>\$13,650.00</b>
Date or dates debt was incurred _____		Basis for the claim: _____		
Last 4 digits of account number _____		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

2.4	Priority creditor's name and mailing address <b>Taylor Mokate</b> <b>8350 N. Central Expressway, Suite 300</b> <b>Dallas, TX 75206</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$20,153.86</b>	<b>\$13,650.00</b>
Date or dates debt was incurred _____		Basis for the claim: _____		
Last 4 digits of account number _____		Is the claim subject to offset?		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

			<b>Amount of claim</b>	
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3.1	Nonpriority creditor's name and mailing address <b>1701 Analog East Ltd.</b> <b>c/o McNeff Companies, Inc.</b> <b>1727 Analog Dr.</b> <b>Richardson, TX 75081</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$2,200.00</b>	
Date(s) debt was incurred _____		Basis for the claim: <u>Trade debt</u>		
Last 4 digits of account number _____		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

3.2	Nonpriority creditor's name and mailing address <b>Access Intelligence, LLC</b> <b>PO Box 9187</b> <b>Gaithersburg, MD 80898-9187</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$895.00</b>	
Date(s) debt was incurred _____		Basis for the claim: <u>Trade debt</u>		
Last 4 digits of account number <u>CSEF - Bradley Taylor</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

  

3.3	Nonpriority creditor's name and mailing address <b>ADT Security Services</b> <b>P.O Box 371878</b> <b>Pittsburgh, PA 15250-7878</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$399.19</b>	
Date(s) debt was incurred _____		Basis for the claim: <u>Utilities</u>		
Last 4 digits of account number <u>3873</u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor <b>FC Background, LLC d/b/a FC Construction Services</b> Name		Case number (if known) <b>19-32037-sgj-11</b>
3.4	<b>Nonpriority creditor's name and mailing address</b> <b>ADT Security Services</b> <b>P.O Box 371878</b> <b>Pittsburgh, PA 15250-7878</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>9517</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$211.45</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.5	<b>Nonpriority creditor's name and mailing address</b> <b>ADT Security Services</b> <b>Attn: Maria Ybarra</b> <b>P.O Box 371878</b> <b>Pittsburgh, PA 15250</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>4787</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$226.63</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.6	<b>Nonpriority creditor's name and mailing address</b> <b>ADT Security Services</b> <b>P.O Box 371878</b> <b>Pittsburgh, PA 15250-7878</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>9754</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$109.21</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.7	<b>Nonpriority creditor's name and mailing address</b> <b>ADT Security Services</b> <b>P.O Box 371878</b> <b>Pittsburgh, PA 15250-7878</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>0952</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$309.83</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.8	<b>Nonpriority creditor's name and mailing address</b> <b>ADT Security Services</b> <b>P.O Box 371878</b> <b>Pittsburgh, PA 15250-7878</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$151.07</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.9	<b>Nonpriority creditor's name and mailing address</b> <b>AFS/IBEX A division of MetaBank</b> <b>PO Box 224528</b> <b>Dallas, TX 75222-4528</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$6,081.28</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Airport Medical Center</b> <b>3588 NW 72 Ave</b> <b>Miami, FL 33122</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$660.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	FC Background, LLC d/b/a FC Construction Services		Case number (if known)	19-32037-sgj-11
Name				
3.11	Nonpriority creditor's name and mailing address <b>All Clinical Labs</b> <b>8337 Office Park Dr</b> <b>Douglasville, GA 30134</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>G01C</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$752.00</b>
3.12	Nonpriority creditor's name and mailing address <b>All-Pro Construction &amp; Commercial</b> <b>7604 Baker Blvd</b> <b>Richland Hills, TX 76118</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$16,937.00</b>
3.13	Nonpriority creditor's name and mailing address <b>Alliance Occupational Health Testing</b> <b>Attn: James Mabe</b> <b>2821 Lackland Rd., #202</b> <b>Fort Worth, TX 76116</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1212</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$5,750.00</b>
3.14	Nonpriority creditor's name and mailing address <b>Alpheus Data Services, LLC</b> <b>1301 Fannin, 20th Fl.</b> <b>Houston, TX 77002</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>2830</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$11,995.84</b>
3.15	Nonpriority creditor's name and mailing address <b>Alvarado Mfg. Co., Inc.</b> <b>Attn: N. Simon</b> <b>12660 Colony St.</b> <b>Chino, CA 91710</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$82,961.16</b>
3.16	Nonpriority creditor's name and mailing address <b>American Driving Records Samba Safety</b> <b>P.O. BOX 7289</b> <b>Pasadena, CA 91109-7389</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1581</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$7,681.99</b>
3.17	Nonpriority creditor's name and mailing address <b>Kelli Anderson</b> <b>3645 7th Ave., Unit 201</b> <b>San Diego, CA 92103</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$2,808.00</b>



Debtor <b>FC Background, LLC d/b/a FC Construction Services</b> Name		Case number (if known) <b>19-32037-sgj-11</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>ARC Point Labs - Anderson</b> <b>1704 E.Greenville Street</b> <b>Anderson, SC 29621</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$210.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>ARCpoint Lab - Orlando</b> <b>Attn:John Parrish</b> <b>114 Ernestine Street</b> <b>Orlando, FL 32801</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$1,860.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>ARCpoint Labs - San Antonio North</b> <b>20079 Stone Oak Pkwy, #1105-103</b> <b>San Antonio, TX 78258</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$7,185.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>ARCpoint Labs - San Antonio South</b> <b>15610 Henderson Pass #702137</b> <b>San Antonio, TX 78270</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$5,661.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>ARCpoint Labs of Altamonte Springs</b> <b>774 Northlake Blvd. Ste. 1008</b> <b>Altamonte Springs, FL 32701</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$855.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>ArcPoint Labs of Greenville</b> <b>355 Woodruff Rd, Suite 403</b> <b>Greenville, SC 29607</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$285.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Arcpoint Labs of Hickory</b> <b>1252 26th St SE</b> <b>Hickory, NC 28602</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>C01C</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$2,769.95</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>FC Background, LLC d/b/a FC Construction Services</b> Name	Case number (if known)	<b>19-32037-sgj-11</b>
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3.25	<b>Nonpriority creditor's name and mailing address</b> <b>ARCpoint Labs of North Austin</b> <b>6448 East Hwy 290, #E-105</b> <b>Austin, TX 78723</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>S07C</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$825.00</b>
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3.26	<b>Nonpriority creditor's name and mailing address</b> <b>ARCpoint Labs of Orange Park</b> <b>1560 Wells Rd., #1</b> <b>Orange Park, FL 32073</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$180.00</b>
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3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Arcpoint Labs of Raleigh Durham</b> <b>5322 NC Highway 55, #102</b> <b>Durham, NC 27713</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>D01C</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$930.00</b>
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3.28	<b>Nonpriority creditor's name and mailing address</b> <b>ARCpoint Labs-Charlotte</b> <b>2136 Ayrley Town Boulevard, Suite B</b> <b>Charlotte, NC 28273</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,630.00</b>
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3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Arcpoint Labs/Ft. Lauderdale</b> <b>5201 Raveswood Road, Suite 121</b> <b>Fort Lauderdale, FL 33312</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,455.00</b>
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3.30	<b>Nonpriority creditor's name and mailing address</b> <b>ASA - North Texas Chapter</b> <b>2100 N Highway 360 - Ste 604</b> <b>Grand Prairie, TX 75050</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>ASA - North Texas Chapter</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,483.11</b>
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3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Associated Builders &amp; Contractors Inc</b> <b>4910 Dacoma St.</b> <b>Houston, TX 77092</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,415.00</b>
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Debtor	<b>FC Background, LLC d/b/a FC Construction Services</b> Name	Case number (if known)	<b>19-32037-sgj-11</b>
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3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Associated Builders and Contractors</b> <b>ABC Florida East Coast Chapter, Inc</b> <b>3730 Coconut Creek Pkwy, Suite 200</b> <b>Coconut Creek, FL 33066</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,042.00</b>
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3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Associated Builders and Contractors, Inc</b> <b>Attn: Alex Witherbee</b> <b>651 Danville Drive</b> <b>Orlando, FL 32825</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,600.00</b>
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3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Association for Learning Environments</b> <b>Headquarters Office</b> <b>11445 E. Via Linda</b> <b>Scottsdale, AZ 85259</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$855.00</b>
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3.35	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T</b> <b>PO Box 5001</b> <b>Carol Stream, IL 60197-5001</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>7679</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$308.00</b>
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3.36	<b>Nonpriority creditor's name and mailing address</b> <b>AT&amp;T Mobility</b> <b>Small Bus Key Cont Ctr</b> <b>P O Box 6463</b> <b>Carol Stream, IL 60197-6463</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>3611</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,624.39</b>
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3.37	<b>Nonpriority creditor's name and mailing address</b> <b>B &amp; B Info Search</b> <b>Attn: Jim Bostic</b> <b>420 Cross Creek Ct</b> <b>Waxahachie, TX 75167</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,347.50</b>
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3.38	<b>Nonpriority creditor's name and mailing address</b> <b>BarcodesInc</b> <b>200 W Monroe, 23rd Fl.</b> <b>Chicago, IL 60606</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>1189</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,743.85</b>
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Debtor	FC Background, LLC d/b/a FC Construction Services		Case number (if known)	19-32037-sgj-11
Name				
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Before You Hire, Inc.</b> <b>2117 Simonton Rd., #101</b> <b>Statesville, NC 28625</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$147.00</b>	
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>Birch Communications</b> <b>PO Box 51341</b> <b>Los Angeles, CA 90051-5641</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0439</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$458.88</b>	
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>BizFund, LLC</b> <b>2373 McDonald Ave., 2nd Fl.</b> <b>Brooklyn, NY 11223</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,676.00</b>	
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>BizSpeed, Inc</b> <b>Attn: Doug Hollowell</b> <b>3050 Royal Blvd South, #130</b> <b>Alpharetta, GA 30022</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,967.20</b>	
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>Broward Health Weston/Urgent Care</b> <b>2300 N Commerce Pkwy</b> <b>Weston, FL 33326</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,128.00</b>	
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>Bryn Mawr</b> <b>620 W. Germantown Pike, #310</b> <b>Plymouth Meeting, PA 19462</b> Date(s) debt was incurred <u>8/8/2018</u> Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$81,502.00</b>	
3.45	<b>Nonpriority creditor's name and mailing address</b> <b>Campbell Centre, LLC</b> <b>16633 Dallas Pkwy., #350</b> <b>Addison, TX 75001</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$28,485.80</b>	

Debtor <b>FC Background, LLC d/b/a FC Construction Services</b>		Case number (if known) <b>19-32037-sgj-11</b>
Name		
3.46	<b>Nonpriority creditor's name and mailing address</b> <b>Career Pro Drug Screening</b> <b>2838 Hickory Hill #29</b> <b>Memphis, TN 38115</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$6,204.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.47	<b>Nonpriority creditor's name and mailing address</b> <b>CareOnSite</b> <b>P.O. Box 11389</b> <b>Carson, CA 90749</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$1,710.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.48	<b>Nonpriority creditor's name and mailing address</b> <b>Center for Occupational Med</b> <b>Attn: Cathy Hammonds</b> <b>2215 Tobacco Rd</b> <b>Augusta, GA 30906</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$162.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.49	<b>Nonpriority creditor's name and mailing address</b> <b>Charter Business</b> <b>PO Box 790261</b> <b>Saint Louis, MO 63179-0261</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>8313</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$591.20</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Utilities</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.50	<b>Nonpriority creditor's name and mailing address</b> <b>City of Houston</b> <b>ARA Alarm Administration</b> <b>P O Box 203887</b> <b>Houston, TX 77216-3887</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>City of Houston</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$262.68</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.51	<b>Nonpriority creditor's name and mailing address</b> <b>City of Houston</b> <b>Sign Administration</b> <b>Post Office Box 2688</b> <b>Houston, TX 77252-2688</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>7793</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$105.26</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.52	<b>Nonpriority creditor's name and mailing address</b> <b>Clifford K. Nkeyasen, PLLC</b> <b>4310 N. Central Expwy., #103</b> <b>Dallas, TX 75206</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$0.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: NOTICE ONLY</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>FC Background, LLC d/b/a FC Construction Services</b> Name	Case number (if known)	<b>19-32037-sgj-11</b>
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3.53	<b>Nonpriority creditor's name and mailing address</b> <b>CNA Insurance</b> <b>PO BOX 790094</b> <b>ST.Louis, MO 63179-0094</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7463</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,896.60</b>
<hr/>			
3.54	<b>Nonpriority creditor's name and mailing address</b> <b>Collabrian Design &amp; Technology</b> <b>5713 Mccall</b> <b>Plano, TX 75093</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,535.19</b>
<hr/>			
3.55	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>PO Box 71211</b> <b>Charlotte, NC 28272-1211</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>8129</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$608.06</b>
<hr/>			
3.56	<b>Nonpriority creditor's name and mailing address</b> <b>Comcast</b> <b>PO BOX 660618</b> <b>Dallas, TX 75266-0618</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0191</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$174.31</b>
<hr/>			
3.57	<b>Nonpriority creditor's name and mailing address</b> <b>Complete Health Chiropractic &amp; Rehab</b> <b>Attn: Dr. Adam Virgilio</b> <b>2085 Hamilton Creek Pkwy Ste. 160</b> <b>Dacula, GA 30019-5402</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$108.00</b>
<hr/>			
3.58	<b>Nonpriority creditor's name and mailing address</b> <b>Concentra</b> <b>PO Box 3700</b> <b>Rancho Cucamonga, CA 91729</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>N02C</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,876.00</b>
<hr/>			
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Concentra</b> <b>PO Box 75410</b> <b>Oklahoma City, OK 73147</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>T03C</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,497.00</b>

Debtor <b>FC Background, LLC d/b/a FC Construction Services</b> Name		Case number (if known) <b>19-32037-sgj-11</b>
3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Concentra - Arbutus</b> <b>Kimberly Nelson-Wright</b> <b>1419 Knecht Avenue</b> <b>Baltimore, MD 21227</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>L02C</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$3,024.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.61	<b>Nonpriority creditor's name and mailing address</b> <b>Concentra Medical Center</b> <b>Attn:M Sherri Melton</b> <b>P.O. Box 82730</b> <b>Hapeville, GA 30354-0549</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>5857</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$29,820.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Concentra Medical Centers</b> <b>46440 Benedict Dr., #108</b> <b>Sterling, VA 20164</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$33,620.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Construction Owners of America</b> <b>5000 Austell Powder Springs Rd., #217</b> <b>Austell, GA 30106-2347</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$420.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>Construction Users Roundtable</b> <b>4100 Executive Park Dr., #210</b> <b>Cincinnati, OH 45241</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$5,900.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>Controlled Wellness, LLC</b> <b>Any Lab Test Now</b> <b>8650 Spicewood Springs Rd #145-584</b> <b>Austin, TX 78759</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$1,950.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>CPZ Northway, LLC</b> <b>Attn: Paula Hohl</b> <b>P.O. BOX 713816</b> <b>Cincinnati, OH 45271-3816</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$2,984.17</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	FC Background, LLC d/b/a FC Construction Services		Case number (if known)	19-32037-sgj-11
	Name			
3.67	<b>Nonpriority creditor's name and mailing address</b> <b>Crestwood Physcian Services, LLC</b> <b>Crestwood Workers Care Madison</b> <b>7736 Madison Blvd</b> <b>Huntsville, AL 35806</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$1,900.00</b>
3.68	<b>Nonpriority creditor's name and mailing address</b> <b>Crime Finders, Inc</b> <b>710 S. Victory Blvd., #205</b> <b>Burbank, CA 91502</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>081</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$1,936.00</b>
3.69	<b>Nonpriority creditor's name and mailing address</b> <b>CSC Credit Services</b> <b>Attn: Mgr. Terry or Gary</b> <b>P.O. Box 71221</b> <b>Charlotte, NC 28272-1221</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>5672</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$11,793.82</b>
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>D &amp; A On Site Testing, Inc.</b> <b>401 Shiloh Dr. Ste. #18</b> <b>Laredo, TX 78045</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$1,620.00</b>
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>D.B. Dews &amp; Associates</b> <b>Attn: Florence M. Dews</b> <b>12513 Laws Road A</b> <b>Buda, TX 78610</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$3,500.50</b>
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Data-Search of Arkansas</b> <b>PO Box 21042</b> <b>Little Rock, AR 72221</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$601.00</b>
3.73	<b>Nonpriority creditor's name and mailing address</b> <b>Dell Financial Services</b> <b>P.O. Box 5292</b> <b>Carol Stream, IL 60197-5292</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7579</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$2,539.88</b>



Debtor <b>FC Background, LLC d/b/a FC Construction Services</b> Name		Case number (if known) <b>19-32037-sgj-11</b>
3.74	<b>Nonpriority creditor's name and mailing address</b> <b>Dell Financial Services</b> <b>P.O. Box 5292</b> <b>Carol Stream, IL 60197-5292</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>1001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,354.36</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.75	<b>Nonpriority creditor's name and mailing address</b> <b>Dell Financial Services</b> <b>P.O. Box 81577</b> <b>Austin, TX 78708-1577</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7012</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$43.22</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.76	<b>Nonpriority creditor's name and mailing address</b> <b>Dell Financial Services</b> <b>P.O. Box 5292</b> <b>Carol Stream, IL 60197-5292</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7016</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$55.92</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.77	<b>Nonpriority creditor's name and mailing address</b> <b>Dell Financial Services</b> <b>P.O. Box 5292</b> <b>Carol Stream, IL 60197-5292</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7021</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$149.34</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.78	<b>Nonpriority creditor's name and mailing address</b> <b>Dell Financial Services</b> <b>P.O. Box 5292</b> <b>Carol Stream, IL 60197-5292</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7024</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$76.84</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.79	<b>Nonpriority creditor's name and mailing address</b> <b>Dell Financial Services</b> <b>P.O. Box 5292</b> <b>Carol Stream, IL 60197-5292</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7025</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$301.34</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.80	<b>Nonpriority creditor's name and mailing address</b> <b>Dell Financial Services</b> <b>P.O. Box 5292</b> <b>Carol Stream, IL 60197-5292</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7028</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$57.30</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Name	FC Background, LLC d/b/a FC Construction Services	Case number (if known)	19-32037-sgj-11
3.81	<b>Nonpriority creditor's name and mailing address</b> <b>Dell Financial Services</b> <b>P.O. Box 5292</b> <b>Carol Stream, IL 60197-5292</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7029</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$151.91</b>
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>Dell Financial Services</b> <b>P.O. Box 5292</b> <b>Carol Stream, IL 60197-5292</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7037</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$447.86</b>
3.83	<b>Nonpriority creditor's name and mailing address</b> <b>Deluxe Branded Marketing</b> <b>PO Box 645633</b> <b>Cincinnati, OH 45264-5633</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>FCBGDAL</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$55,650.00</b>
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>Doctors Med Care of Jacksonville PC</b> <b>1505 Pelham Rd., #2</b> <b>Jacksonville, AL 36265</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>K01C</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$885.00</b>
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>Documation Inc</b> <b>Customer Service</b> <b>P.O. Box 911608</b> <b>Denver, CO 80291-1608</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>8344</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$368.00</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Drug Screen Solutions, Inc.</b> <b>220 W. Brandon Blvd. #209</b> <b>Brandon, FL 33511</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$465.00</b>
3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Dunn Sheehan LLP</b> <b>3400 Carlisle St., #200</b> <b>Dallas, TX 75204</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Legal representation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,767.50</b>

Debtor	FC Background, LLC d/b/a FC Construction Services		Case number (if known)	19-32037-sgj-11
Name				
3.88	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$129,873.35
	DWA Logistics, LLC 509 Winged Foot Lane Garland, TX 75044	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number ____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.89	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$3,660.00
	E&J Medical Services, Inc 522 S. Shaffer Street Orange, CA 92866	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>N01C</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.90	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$217.00
	Ekeholm and Associates LLC PO Box 221 Alpharetta, GA 30009	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____	Basis for the claim: ____		
	Last 4 digits of account number ____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.91	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,227.56
	Enghouse Interactive Dept. CH 17123 Palatine, IL 60055-7123	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>0TLX</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.92	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$280,116.12
	eScreen, Inc. Attn:Tucker Hogue 8140 Ward Parkway Kansas City, MO 64114	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>4658</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.93	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$4,752.00
	Eurova Ventures LLC dba ARCPPoint Labs of Washington, DC 4910 Massachusetts Ave NW Washington, DC 20016	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>S05C</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.94	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$5,560.02
	Express Services, Inc. P.O Box 203901 Dallas, TX 75320-3901	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>0094</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor <b>FC Background, LLC d/b/a FC Construction Services</b>		Case number (if known) <b>19-32037-sgj-11</b>
Name		
3.95	<b>Nonpriority creditor's name and mailing address</b> <b>Federal Express</b> <b>P O Box 94515</b> <b>Palatine, IL 60094-4515</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3945</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$13,755.07</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.96	<b>Nonpriority creditor's name and mailing address</b> <b>First Choice Research Screening</b> <b>Attn: Joy Penn</b> <b>6365 Taft St - Suite 2000</b> <b>Hollywood, FL 33024</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$2,163.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.97	<b>Nonpriority creditor's name and mailing address</b> <b>FPL</b> <b>General Mail Facility</b> <b>Miami, FL 33188-0001</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2384</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$359.62</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Utilities</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.98	<b>Nonpriority creditor's name and mailing address</b> <b>GAPRS, LLC</b> <b>3200 W. Pleasant Run Rd., #420</b> <b>Lancaster, TX 75146</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3647</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$6,985.25</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.99	<b>Nonpriority creditor's name and mailing address</b> <b>Gateway Urgent Care</b> <b>1006 W. LaPalma Avenue</b> <b>Anaheim, CA 92801</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$930.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: ____</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.100	<b>Nonpriority creditor's name and mailing address</b> <b>Golden West Medical Center</b> <b>1000 S Anaheim Blvd</b> <b>Anaheim, CA 92805</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>H01M</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$1,875.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.101	<b>Nonpriority creditor's name and mailing address</b> <b>Government Management Services Inc</b> <b>1001 N. Fairfax St., #640</b> <b>Alexandria, VA 22314</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>X001</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$323.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	FC Background, LLC d/b/a FC Construction Services		Case number (if known)	19-32037-sgj-11
Name				
3.102	<b>Nonpriority creditor's name and mailing address</b> <b>GTR Source, LLC</b> <b>Email: funding@gtrsourcecellc.com</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$106,788.00</b>	
3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Hart Software Inc.</b> <b>Attn: Kim Gardner</b> <b>708 Centre Ave.</b> <b>Reading, PA 19601-2508</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$410.57</b>	
3.104	<b>Nonpriority creditor's name and mailing address</b> <b>Helm &amp; Associates Inc</b> <b>Attn: Dr. Kurt Helm</b> <b>P O Box 2822</b> <b>Rowlett, TX 75030</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$141.00</b>	
3.105	<b>Nonpriority creditor's name and mailing address</b> <b>Hightech Signs DFW</b> <b>1878 W Mockingbird Ln</b> <b>Dallas, TX 75235</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>4873</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$384.64</b>	
3.106	<b>Nonpriority creditor's name and mailing address</b> <b>Holden &amp; Montejano</b> <b>Attn: Steven Shattuck</b> <b>1717 Main St., #5800</b> <b>Dallas, TX 75201</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>NOTICE ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>	
3.107	<b>Nonpriority creditor's name and mailing address</b> <b>ID Zone South</b> <b>5830 NW 163rd Street</b> <b>Miami Lakes, FL 33014</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$22,117.50</b>	
3.108	<b>Nonpriority creditor's name and mailing address</b> <b>IDOCKET.COM</b> <b>P.O Box 31023</b> <b>Amarillo, TX 79120</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$181.21</b>	

Debtor	FC Background, LLC d/b/a FC Construction Services		Case number (if known)	19-32037-sgj-11
Name				
3.109	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$458.50
	IDValidation Computer Information Development 713 W. Duarte Rd #106 Arcadia, CA 91006	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.110	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$4,200.00
	Imageware Systems, Inc. Attn: David Lotze 13500 Evening Creek Dr, N, #550 San Diego, CA 92128	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.111	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$2,094.98
	Imperial Airport P.O Box 2456 Addison, TX 75001	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.112	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$147,873.50
	Influx Capital LLC 32 Court St., #205 Brooklyn, NY 11201	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.113	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$6,760.00
	Initiafy 300 Park Avenue New York, NY 10022	<input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.114	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$13.00
	Innovative Enterprises, Inc P.O Box 12226 Newport News, VA 23612	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number <u>1499</u>	Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.115	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$172.30
	Irving ISD Tax Office P O Box 152021 Irving, TX 75015-2021	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number <u>0000</u>	Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor Name	Case number (if known)	
<b>FC Background, LLC d/b/a FC Construction Services</b>	<b>19-32037-sgj-11</b>	
<b>3.116</b> Nonpriority creditor's name and mailing address <b>John R. Ames</b> <b>Tax Assessor-Collector</b> <b>P.O. Box 139066</b> <b>Dallas, TX 75313-9066</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,468.50</b>
<b>3.117</b> Nonpriority creditor's name and mailing address <b>Kalamata Capital Group</b> <b>80 Broad St., 12th Fl.</b> <b>New York, NY 10004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed <b>Basis for the claim:</b> ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$33,662.09</b>
<b>3.118</b> Nonpriority creditor's name and mailing address <b>KenMor Electric Company</b> <b>8330 Hansen Road</b> <b>Houston, TX 77075</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,281.49</b>
<b>3.119</b> Nonpriority creditor's name and mailing address <b>Lan Smith Sosolik</b> <b>12221 Merit Dr., #825</b> <b>Dallas, TX 75251</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Legal representation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,379.16</b>
<b>3.120</b> Nonpriority creditor's name and mailing address <b>Lands End Business Outfitters</b> <b>1 Lands End Ln</b> <b>Dodgeville, WI 53595</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>3975</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$181.00</b>
<b>3.121</b> Nonpriority creditor's name and mailing address <b>Liberty Mutual Insurance</b> <b>PO Box 85834</b> <b>San Diego, CA 92186-5834</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,251.06</b>
<b>3.122</b> Nonpriority creditor's name and mailing address <b>Low Country Drug Screening</b> <b>PO Box 63065</b> <b>North Charleston, SC 29419</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>R01C</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$288.00</b>

Debtor	FC Background, LLC d/b/a FC Construction Services		Case number (if known)	19-32037-sgj-11
Name				
3.123	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$192.00
	LS Screening LLC PO Box 2051 Leander, TX 78646	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.124	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$17,578.05
	Maron Marvel Bradley Anderson & Tardy LL Attn:Accounts Receivable 1201 North Market Street Suite 900 Wilmington, DE 19899-0288	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.125	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$142.01
	Marshall, Dennehey, Warner, Coleman & Go 2000 Market Street Cash Receipts Department 22nd Floor Philadelphia, PA 19103	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number <u>0101</u>	Basis for the claim: <u>Legal representation</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.126	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$8,180.00
	MD Now Medical Centers, Inc 2007 Palm Beach Lakes Blvd West Palm Beach, FL 33409	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.127	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$13,922.91
	MetLife Customer Service PO Box 804466 Kansas City, MO 64180-4466	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number <u>5837</u>	Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.128	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$176.25
	Morning Star Services Inc 231 E. Alessandro Blvd., #A 700 Riverside, CA 92508	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.129	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$71.20
	NAP Supplies PO Box 365 Belmont, MI 49306	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred ____ Last 4 digits of account number ____	Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		



Debtor <b>FC Background, LLC d/b/a FC Construction Services</b>		Case number (if known) <b>19-32037-sgj-11</b>
Name		

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3.130	<b>Nonpriority creditor's name and mailing address</b> <b>National Student Clearinghouse</b> <b>Non-Profit Org</b> <b>P O Box 826576</b> <b>Philadelphia, PA 19182-6576</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,575.00</b>
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3.131	<b>Nonpriority creditor's name and mailing address</b> <b>Naylor Publications, Inc.</b> <b>PO Box 677251</b> <b>Dallas, TX 75267-7251</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$836.55</b>
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3.132	<b>Nonpriority creditor's name and mailing address</b> <b>Nestle Pure Life Direct</b> <b>P.O. Box 856680</b> <b>Louisville, KY 40285-6680</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$169.57</b>
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3.133	<b>Nonpriority creditor's name and mailing address</b> <b>Nexscreen LLC</b> <b>P.O Box 17205</b> <b>Denver, CO 80217-0205</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$148,530.66</b>
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3.134	<b>Nonpriority creditor's name and mailing address</b> <b>Nextronix Integration</b> <b>2170 Paragon Dr</b> <b>San Jose, CA 95131</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$495.00</b>
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3.135	<b>Nonpriority creditor's name and mailing address</b> <b>Nicole Milovich Inquiries, Inc.</b> <b>9700 West 131st, 2nd Flr</b> <b>Palos Park, IL 60464</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,025.50</b>
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3.136	<b>Nonpriority creditor's name and mailing address</b> <b>Northside Medical Services</b> <b>4121 Minnesota Ave. NE</b> <b>Washington, DC 20019</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$16,590.00</b>
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Debtor	FC Background, LLC d/b/a FC Construction Services		Case number (if known)	19-32037-sgj-11
Name				
3.137	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$3,027.84
	Northside Realty Partners, LTD Attn: Rick Motycka P.O Box 2492 Midland, TX 79702	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>26FC</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.138	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$376.90
	NYSIF Disability Benefits PO Box 5239 New York, NY 10008-5239	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.139	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$624.00
	O.M. Management, Inc. 4483 N.W 36 St., #120 Miami, FL 33166	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>A01C</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.140	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,338.49
	Office of the Attorney General TX Child Support SDU Attn: Sandra Lindsey P O Box 659791 San Antonio, TX 78265-9791	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>0991</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.141	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$65,558.21
	Office Team 12400 Collections Center Drive Chicago, IL 60693	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>0991</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.142	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$16,547.10
	OMNI Data Retrieval Inc Attn: Tom Terry 20890 Kenbridge Ct Lakeville, MN 55044	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>4250</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.143	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$191,536.36
	OnDeck Capital Attn: Director of Operations 901 N. Stuart St., #700 Arlington, VA 22203	<input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: _____		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	FC Background, LLC d/b/a FC Construction Services		Case number (if known)	19-32037-sgj-11
Name				
3.144	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$176.66
	Ozarka Spring Water Co	<input type="checkbox"/> Contingent		
	P O Box 856680	<input type="checkbox"/> Unliquidated		
	Louisville, KY 40285-6680	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number _	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.145	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$176.66
	Ozarka Spring Water Co	<input type="checkbox"/> Contingent		
	P O Box 856680	<input type="checkbox"/> Unliquidated		
	Louisville, KY 40285-6680	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>9400</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.146	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$91.59
	Ozarka Spring Water Co	<input type="checkbox"/> Contingent		
	P.O Box 856680	<input type="checkbox"/> Unliquidated		
	Louisville, KY 40285	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>7757</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.147	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$91.48
	Ozarka Spring Water Co	<input type="checkbox"/> Contingent		
	P O Box 856680	<input type="checkbox"/> Unliquidated		
	Louisville, KY 40285-6680	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>6654</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.148	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$192.44
	Ozarka Spring Water Co	<input type="checkbox"/> Contingent		
	P O Box 856680	<input type="checkbox"/> Unliquidated		
	Louisville, KY 40285-6680	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>7617</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.149	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$126.80
	Ozarka Spring Water Co	<input type="checkbox"/> Contingent		
	P O Box 856680	<input type="checkbox"/> Unliquidated		
	Louisville, KY 40285-6680	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>7708</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.150	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$661.70
	Pacer Service Center	<input type="checkbox"/> Contingent		
	PO Box 70951	<input type="checkbox"/> Unliquidated		
	Charlotte, NC 28272-0951	<input type="checkbox"/> Disputed		
	Date(s) debt was incurred _	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>0450</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor <b>FC Background, LLC d/b/a FC Construction Services</b> Name		Case number (if known) <b>19-32037-sgj-11</b>
3.151	<b>Nonpriority creditor's name and mailing address</b> <b>Paladin Consulting, Inc</b> <b>PO Box 840912</b> <b>Dallas, TX 75284-0912</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>Alberto Garcia</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$4,543.30</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.152	<b>Nonpriority creditor's name and mailing address</b> <b>Peachtree Immediate Care FP,LLC</b> <b>209 Cooley Dr., #101</b> <b>Villa Rica, GA 30180</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>L01C</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$72.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.153	<b>Nonpriority creditor's name and mailing address</b> <b>Performance Health Medical Group, Inc</b> <b>25431 Cabot Rd., #118</b> <b>Laguna Hills, CA 92653</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>L01C</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$45.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.154	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes Global Financial Svcs LLC</b> <b>P O Box 371887</b> <b>Pittsburgh, PA 15250-7887</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>9248</b>	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$536.19</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.155	<b>Nonpriority creditor's name and mailing address</b> <b>Pollock Realty LP</b> <b>Attn: Daniel Segreto</b> <b>P.O Box 840251</b> <b>Dallas, TX 75284-0251</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$5,741.56</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.156	<b>Nonpriority creditor's name and mailing address</b> <b>Port of Miami Medical Clinic</b> <b>Attn: Niel Potash</b> <b>1015 North America Way, Ste 150</b> <b>Miami, FL 33132</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$2,366.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.157	<b>Nonpriority creditor's name and mailing address</b> <b>PrimeCare Urgent Care Centers</b> <b>Attn: Lisa Lehman</b> <b>1890 LPGA Blvd, Ste 130</b> <b>Daytona Beach, FL 32117</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is: Check all that apply.</b> <b>\$300.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim: Trade debt</b> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	FC Background, LLC d/b/a FC Construction Services		Case number (if known)	19-32037-sgj-11
Name				
3.158	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$660.00
	Proactive Work Health P.O. Box 17130 Los Angeles, CA 90017	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>R01C</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.159	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$995.00
	Procore Technologies, Inc. Attn: Procore Accounts Receivable 6309 Carpinteria Ave Carpinteria, CA 93013	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.160	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$2,385.00
	Prompt Chemical Screening PO Box 1219 Mableton, GA 30126	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>R01C</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.161	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$1,315.00
	PT Research, Inc. PO Box 4540 Manchester, NH 03108	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.162	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$3,042.60
	Purchase Power / Pitney Bowes P O Box 371874 Pittsburgh, PA 15250-7874	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>2401</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.163	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$9,839.18
	Qualys, Inc PO Box 205858 Dallas, TX 75320-5858	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number <u>3861</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.164	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i>		\$828.00
	Radhika Inc, dba Tri-State Medical Lab Attn: Dinesh Goyal 2754 Veach Road Owensboro, KY 42303	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Date(s) debt was incurred _____	Basis for the claim: <u>Trade debt</u>		
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor <b>FC Background, LLC d/b/a FC Construction Services</b>		Case number (if known) <b>19-32037-sgj-11</b>
Name		

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3.165	<b>Nonpriority creditor's name and mailing address</b> <b>Rapid Court.com</b> <b>Billing Inquiries</b> <b>9710 Northcross Center Ct., #105</b> <b>Huntersville, NC 28078</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>89LM</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,652.45</b>
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3.166	<b>Nonpriority creditor's name and mailing address</b> <b>ReadyRefresh by Nestle</b> <b>P.O Box 856680</b> <b>Louisville, KY 40285-6680</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7907</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$222.02</b>
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3.167	<b>Nonpriority creditor's name and mailing address</b> <b>ReadyTalk</b> <b>P.O Box 975375</b> <b>Dallas, TX 75397-5375</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>7933</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,190.47</b>
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3.168	<b>Nonpriority creditor's name and mailing address</b> <b>Reed Business Information Inc</b> <b>28428 Network Place</b> <b>Chicago, IL 60673-1284</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>9055</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,219.51</b>
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3.169	<b>Nonpriority creditor's name and mailing address</b> <b>ReliaLab Test Inc</b> <b>3656 Trousdale Dr., #109</b> <b>Nashville, TN 37204</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>H03C</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$660.00</b>
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3.170	<b>Nonpriority creditor's name and mailing address</b> <b>Reliant Immediate Care Medical Group</b> <b>9601 S. Sepulveda Blvd.</b> <b>Los Angeles, CA 90045</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,490.00</b>
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3.171	<b>Nonpriority creditor's name and mailing address</b> <b>Renaissance</b> <b>225 South East St., #360</b> <b>Indianapolis, IN 46202-4061</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,373.62</b>
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Debtor <b>FC Background, LLC d/b/a FC Construction Services</b> Name		Case number (if known) <b>19-32037-sgj-11</b>
3.172	<b>Nonpriority creditor's name and mailing address</b> <b>Richard N. Best Associates Inc.</b> <b>15 Trail Rd</b> <b>Levittown, PA 19056</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>BACK</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,776.90</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.173	<b>Nonpriority creditor's name and mailing address</b> <b>Roll Up Doors Direct</b> <b>7064 Sampey Rd., Unit 5</b> <b>Groveland, FL 34736</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$3,595.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.174	<b>Nonpriority creditor's name and mailing address</b> <b>Ron Wright, Tax Assessor</b> <b>PO Box 961018</b> <b>Fort Worth, TX 76161</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>6798</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$274.77</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.175	<b>Nonpriority creditor's name and mailing address</b> <b>Rutherfordton Occupation Medicine</b> <b>212 Allendale Drive</b> <b>Forest City, NC 28043</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$526.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.176	<b>Nonpriority creditor's name and mailing address</b> <b>Ruzow &amp; Associates, Inc.</b> <b>900 Third Avenue, 17th Fl</b> <b>New York, NY 10022</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$9,188.42</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.177	<b>Nonpriority creditor's name and mailing address</b> <b>S &amp; K Plumbing of Fort Worth, Inc</b> <b>3912 Broadway Ave.</b> <b>Haltom City, TX 76117</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,194.06</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.178	<b>Nonpriority creditor's name and mailing address</b> <b>S.J. Labs LLC</b> <b>6900 N. May Ave., #2C</b> <b>Oklahoma City, OK 73116</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>T05C</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$8,874.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	FC Background, LLC d/b/a FC Construction Services		Case number (if known)	19-32037-sgj-11
Name				
3.179	Nonpriority creditor's name and mailing address <b>SBB Marketing Company</b> 401 Hwy 80 E Mesquite, TX 75150 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$513.11</b>
3.180	Nonpriority creditor's name and mailing address <b>Schneider National Inc.</b> PO Box 841831 Dallas, TX 75284-1831 Date(s) debt was incurred ____ Last 4 digits of account number <u>5808</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$57,947.48</b>
3.181	Nonpriority creditor's name and mailing address <b>Securadyne Systems</b> 14900 Landmark Blvd., #350 Dallas, TX 75254 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$376.71</b>
3.182	Nonpriority creditor's name and mailing address <b>Secure Health Partners, LLC</b> 469 S. Cherry St., #101 Denver, CO 80246 Date(s) debt was incurred ____ Last 4 digits of account number <u>V01M</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$3,960.00</b>
3.183	Nonpriority creditor's name and mailing address <b>SecurityWorks, Inc</b> P.O Box 365065 Boston, MA 02136-0002 Date(s) debt was incurred ____ Last 4 digits of account number <u>FCCON</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$706.56</b>
3.184	Nonpriority creditor's name and mailing address <b>Service Works, Inc</b> 95 Megill Road Farmingdale, NJ 07727 Date(s) debt was incurred ____ Last 4 digits of account number <u>1242</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$1,490.27</b>
3.185	Nonpriority creditor's name and mailing address <b>Shather &amp; Associates</b> 3950 NW 167 St Opa Locka, FL 33054 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$2,639.80</b>



Debtor	FC Background, LLC d/b/a FC Construction Services		Case number (if known)	19-32037-sgj-11
3.186	Nonpriority creditor's name and mailing address <b>Sir Speedy Printing</b> <b>2001 Midway Rd., #128</b> <b>Carrollton, TX 75006</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$1,783.99</b>
3.187	Nonpriority creditor's name and mailing address <b>Slagles Inc. dba ARCpoint Labs of Easter</b> <b>ARCpoint Labs of Eastern Carolina</b> <b>2315 B Executive Circle</b> <b>Greenville, NC 27834</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$15.00</b>
3.188	Nonpriority creditor's name and mailing address <b>Smart Care - Athens</b> <b>4400 Peachtree Rd. NE</b> <b>Atlanta, GA 00030-3319</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$4,518.00</b>
3.189	Nonpriority creditor's name and mailing address <b>Smart Care - Lawrenceville</b> <b>4400 Peachtree Rd. NE</b> <b>Atlanta, GA 00030-3319</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>W01C</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$3,008.00</b>
3.190	Nonpriority creditor's name and mailing address <b>Smart Care - Roswell</b> <b>4400 Peachtree Rd. NE</b> <b>Atlanta, GA 00030-3319</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$882.00</b>
3.191	Nonpriority creditor's name and mailing address <b>SmartCare Urgent Care Of Atlanta</b> <b>450 Fourteenth St NW</b> <b>Atlanta, GA 30318</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$7,675.00</b>
3.192	Nonpriority creditor's name and mailing address <b>South Forsyth Chiropractic</b> <b>Attn: Dr. Kurt Meininger</b> <b>5670 Atlanta Hwy, Suite C-1</b> <b>Alpharetta, GA 30004</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		<b>\$522.00</b>

Debtor	<b>FC Background, LLC d/b/a FC Construction Services</b> Name	Case number (if known)	<b>19-32037-sgj-11</b>
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3.193	<b>Nonpriority creditor's name and mailing address</b> <b>Southern California Medical Group</b> <b>Attn: David Silva</b> <b>3320 South Hill Street</b> <b>Los Angeles, CA 90007</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,925.00</b>
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3.194	<b>Nonpriority creditor's name and mailing address</b> <b>Spectrum a/k/a Charter Communications</b> <b>P.O. Box 790261</b> <b>Saint Louis, MO 63179-0261</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$295.60</b>
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3.195	<b>Nonpriority creditor's name and mailing address</b> <b>Spectrum Business</b> <b>P.O. Box 60074</b> <b>City of Industry, CA 91716</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>3170</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,339.34</b>
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3.196	<b>Nonpriority creditor's name and mailing address</b> <b>Spectrum Business</b> <b>P.O. Box 60074</b> <b>City of Industry, CA 91716</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>5080</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,989.49</b>
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3.197	<b>Nonpriority creditor's name and mailing address</b> <b>Spectrum Business</b> <b>P.O. Box 60074</b> <b>City of Industry, CA 91716</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>1860</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$978.16</b>
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3.198	<b>Nonpriority creditor's name and mailing address</b> <b>Spectrum Business</b> <b>P.O. Box 60074</b> <b>City of Industry, CA 91716</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u>6020</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Utilities</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,009.80</b>
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3.199	<b>Nonpriority creditor's name and mailing address</b> <b>Spencer Air Conditioning &amp; Heating</b> <b>3006 Skyway Circle South</b> <b>Irving, TX 75039</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Trade debt</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$347.48</b>
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Debtor	<b>FC Background, LLC d/b/a FC Construction Services</b>		Case number (if known)	<b>19-32037-sgj-11</b>
Name				
3.200	<b>Nonpriority creditor's name and mailing address</b> <b>Spencer Fane LLP</b> <b>Attn: Jacob W. Sparks</b> <b>5700 Granite Pkwy., #650</b> <b>Plano, TX 75024-6812</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>NOTICE ONLY</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>	
3.201	<b>Nonpriority creditor's name and mailing address</b> <b>Staples Business Advantage</b> <b>DEPT DAL</b> <b>P.O. Box 83689</b> <b>Chicago, IL 60696-3689</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u><b>3886</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Trade debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$29,649.29</b>	
3.202	<b>Nonpriority creditor's name and mailing address</b> <b>Staples Contract &amp; Contract LLC</b> <b>PO Box 95230</b> <b>Chicago, IL 60694-5230</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u><b>4479</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Trade debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,303.05</b>	
3.203	<b>Nonpriority creditor's name and mailing address</b> <b>StraightLine International</b> <b>PMB 1007 Box 10001</b> <b>Saipan, MP 96950</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u><b>1459</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Trade debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,547.71</b>	
3.204	<b>Nonpriority creditor's name and mailing address</b> <b>Superior Drug Testing</b> <b>8600 La Salle Rd. York Building STE. 515</b> <b>Towson, MD 21286</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Trade debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$774.00</b>	
3.205	<b>Nonpriority creditor's name and mailing address</b> <b>TALX Corporation</b> <b>4076 Paysphere Circle</b> <b>Chicago, IL 60674</b>  Date(s) debt was incurred ____ Last 4 digits of account number <u><b>3446</b></u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Trade debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$487.65</b>	
3.206	<b>Nonpriority creditor's name and mailing address</b> <b>TeamSupport LLC</b> <b>8330 Lyndon B Johnson Fwy., #1100</b> <b>Dallas, TX 75243</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>Trade debt</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,066.10</b>	

Debtor Name	Case number (if known)	
<b>FC Background, LLC d/b/a FC Construction Services</b>	<b>19-32037-sgj-11</b>	
<b>3.207</b> Nonpriority creditor's name and mailing address <b>Texas Department of Public Safety</b> <b>Attn: Rochelle Gutierrez</b> <b>P.O Box 15999</b> <b>Austin, TX 78761</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>0000</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$224.93</b>
<b>3.208</b> Nonpriority creditor's name and mailing address <b>TEXO</b> <b>Attn: Tony Troxclair</b> <b>11101 N.Stemmons Frwy</b> <b>Dallas, TX 75229</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,500.00</b>
<b>3.209</b> Nonpriority creditor's name and mailing address <b>The Clinix Multispecialty Care</b> <b>8500 Annapolis Rd., #100</b> <b>New Carrollton, MD 20784</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,160.00</b>
<b>3.210</b> Nonpriority creditor's name and mailing address <b>The Fulcrum Group</b> <b>Attn: David Johnson</b> <b>5751 Kroger Dr., #279</b> <b>Keller, TX 76244</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,509.70</b>
<b>3.211</b> Nonpriority creditor's name and mailing address <b>The MiniER - Waterford Lakes</b> <b>12301 Lake Underhill Rd., #118</b> <b>Orlando, FL 32828</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>L03C</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,690.00</b>
<b>3.212</b> Nonpriority creditor's name and mailing address <b>Thompson, Coe, Couseins &amp; Irons, LLP</b> <b>Attn: Cyrus W. Haralson</b> <b>One Riverway, #1400</b> <b>Houston, TX 77056</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>NOTICE ONLY</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
<b>3.213</b> Nonpriority creditor's name and mailing address <b>Time Warner Cable</b> <b>PO Box 60074</b> <b>City of Industry, CA 91716-0074</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>1864</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$314.38</b>

Debtor <b>FC Background, LLC d/b/a FC Construction Services</b> Name		Case number (if known) <b>19-32037-sgj-11</b>
3.214	<b>Nonpriority creditor's name and mailing address</b> <b>Time Warner Cable</b> <b>PO Box 60074</b> <b>City of Industry, CA 91716-0074</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3179</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$12,455.50</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.215	<b>Nonpriority creditor's name and mailing address</b> <b>Time Warner Cable</b> <b>PO Box 60074</b> <b>City of Industry, CA 91716-0074</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>6021</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$659.64</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.216	<b>Nonpriority creditor's name and mailing address</b> <b>Time Warner Cable</b> <b>PO Box 60074</b> <b>City of Industry, CA 91716</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>5085</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,329.33</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.217	<b>Nonpriority creditor's name and mailing address</b> <b>Time Warner Cable</b> <b>PO Box 60074</b> <b>City of Industry, CA 91716-0074</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>6021</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,369.93</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.218	<b>Nonpriority creditor's name and mailing address</b> <b>Trusted Tech Team</b> <b>2192 Martin St., #120</b> <b>Irvine, CA 92612</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$3,239.82</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.219	<b>Nonpriority creditor's name and mailing address</b> <b>TSGI, Inc.</b> <b>1306 W. Anderson Lan, Suite C</b> <b>Austin, TX 78757</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$24,438.75</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.220	<b>Nonpriority creditor's name and mailing address</b> <b>TXU Energy</b> <b>Customer Service</b> <b>PO Box 650638</b> <b>Dallas, TX 75265-0638</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>2484</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,939.80</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor <b>FC Background, LLC d/b/a FC Construction Services</b> Name		Case number (if known) <b>19-32037-sgj-11</b>
3.221	<b>Nonpriority creditor's name and mailing address</b> <b>UBEO of North Texas, Inc</b> <b>PO Box 791070</b> <b>San Antonio, TX 78279</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>FB41</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$607.66</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.222	<b>Nonpriority creditor's name and mailing address</b> <b>Ultimate Staffing Services</b> <b>P.O Box 60003</b> <b>Anaheim, CA 92812</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$36,528.41</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.223	<b>Nonpriority creditor's name and mailing address</b> <b>United Healthcare Insurance Company</b> <b>Dept CH 10151</b> <b>Palatine, IL 60055-0151</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>3857</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$100,400.29</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.224	<b>Nonpriority creditor's name and mailing address</b> <b>Urgent Care Enterprise, LLC</b> <b>Attn: Adam Gordon</b> <b>P.O. Box 742606</b> <b>Atlanta, GA 30374-2606</b> Date(s) debt was incurred ____ Last 4 digits of account number <b>9179</b>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,370.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.225	<b>Nonpriority creditor's name and mailing address</b> <b>Urgent Care Enterprise, LLC</b> <b>P.O. Box 742606</b> <b>Atlanta, GA 30374-2606</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,020.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.226	<b>Nonpriority creditor's name and mailing address</b> <b>Urgent Care Enterprise, LLC</b> <b>P.O. Box 742606</b> <b>Atlanta, GA 30374-2606</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$75.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.227	<b>Nonpriority creditor's name and mailing address</b> <b>Urgent Care Express LLC</b> <b>American Family Care</b> <b>6182 Gunn Hwy</b> <b>Tampa, FL 33625</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$2,850.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	FC Background, LLC d/b/a FC Construction Services	Case number (if known)	19-32037-sgj-11
3.228	<b>Nonpriority creditor's name and mailing address</b> <b>Venture Research Inc.</b> <b>Attn: John Baker</b> <b>3001 Summit Ave., #100</b> <b>Plano, TX 75074</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$188,511.10</b>
3.229	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Wireless</b> <b>PO Box 660108</b> <b>Dallas, TX 75266-0108</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,585.26</b>
3.230	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Wireless</b> <b>PO Box 660108</b> <b>Dallas, TX 75266-0108</b> Date(s) debt was incurred ____ Last 4 digits of account number <u>0001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Utilities</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,691.10</b>
3.231	<b>Nonpriority creditor's name and mailing address</b> <b>West Georgia Health Physicians, INC</b> <b>PO BOX 1881</b> <b>Columbus, GA 31902-1881</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75.00</b>
3.232	<b>Nonpriority creditor's name and mailing address</b> <b>Witmer Group</b> <b>PO Box 795603</b> <b>Dallas, TX 75379-5603</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$14,100.00</b>
3.233	<b>Nonpriority creditor's name and mailing address</b> <b>Workforce Essentials, Inc</b> <b>523 Madison Street, STE A</b> <b>Clarksville, TN 37040</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$120.00</b>
3.234	<b>Nonpriority creditor's name and mailing address</b> <b>Worknet Occupational Medicine</b> <b>Henderson Med Bldg</b> <b>PO Box 82784</b> <b>Philadelphia, PA 19182-7842</b> Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,352.00</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

Debtor **FC Background, LLC d/b/a FC Construction Services**  
NameCase number (if known) **19-32037-sgj-11**

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the  
related creditor (if any) listed?Last 4 digits of  
account number, if  
any**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>145,732.79</u>
5b. +	\$ <u>2,588,561.31</u>
5c.	\$ <u>2,734,294.10</u>



**Fill in this information to identify the case:**Debtor name **FC Background, LLC d/b/a FC Construction Services**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**Case number (if known) **19-32037-sgj-11**☐ Check if this is an amended filing**Official Form 206G****Schedule G: Executory Contracts and Unexpired Leases****12/15****Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.****1. Does the debtor have any executory contracts or unexpired leases?**☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).*Property***2. List all contracts and unexpired leases****State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease**2.1. State what the contract or lease is for and the nature of the debtor's interest **Merchant Agreement**

State the term remaining

List the contract number of any government contract

**BizFund, LLC  
2373 McDonald Ave., 2nd Fl.  
Brooklyn, NY 11223**2.2. State what the contract or lease is for and the nature of the debtor's interest **Equipment Finance Agreement**

State the term remaining

List the contract number of any government contract

**Bryn Mawr Funding  
620 W. Germantown Pike #310  
Plymouth Meeting, PA 19462**2.3. State what the contract or lease is for and the nature of the debtor's interest **Equipment leases**

State the term remaining

List the contract number of any government contract

**Dell Financial Service  
Payment Processing  
P.O. Box 5292  
Carol Stream, IL 60199**2.4. State what the contract or lease is for and the nature of the debtor's interest **Future Receivables Sale and Purchase Agreement**

State the term remaining

List the contract number of any government contract

**GTR Source, LLC  
Email: funding@gtrsourcecellc.com**

Debtor 1 **FC Background, LLC d/b/a FC Construction Services**  
First Name Middle Name Last NameCase number (if known) **19-32037-sgj-11****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

- 2.5. State what the contract or lease is for and the nature of the debtor's interest **Business Lease Agreement**

State the term remaining

List the contract number of any government contract

**Hewlett-Packard Financial Services Compa**  
**200 Connell Dr.**  
**Berkeley Heights, NJ 07922**

- 2.6. State what the contract or lease is for and the nature of the debtor's interest **professional services contract**

State the term remaining

List the contract number of any government contract

**Hitachi Capital America Corp.**  
**7808 Creekridge Cir., #250**  
**Minneapolis, MN 55439**

- 2.7. State what the contract or lease is for and the nature of the debtor's interest **Transaction Finance Agreement**

State the term remaining

List the contract number of any government contract

**IBM Credit LLC**  
**7100 Highlands Pkwy.**  
**Smyrna, GA 30080**

- 2.8. State what the contract or lease is for and the nature of the debtor's interest **Real Property Lease**

State the term remaining

List the contract number of any government contract

**Imperial Airport, LP**  
**14114 N. Dallas Pkwy., #390**  
**Dallas, TX 75254**

- 2.9. State what the contract or lease is for and the nature of the debtor's interest **Secured Merchant Agreement**

State the term remaining

List the contract number of any government contract

**Influx Capital LLC**  
**32 Court St., #205**  
**Brooklyn, NY 11201**

- 2.10. State what the contract or lease is for and the nature of the debtor's interest **Merchant Agreement**

State the term remaining

List the contract number of any

**Kalamata Capital Group**  
**80 Broad St., 12th Fl.**  
**New York, NY 10004**

Debtor 1 **FC Background, LLC d/b/a FC Construction Services**  
 First Name Middle Name Last Name

Case number (if known) **19-32037-sgj-11**

## Additional Page if You Have More Contracts or Leases

### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

government contract

2.11. State what the contract or lease is for and the nature of the debtor's interest **Real Property Lease**

State the term remaining

List the contract number of any government contract

**McNeff Group  
1701 Analog Dr.  
Richardson, TX 75081**

2.12. State what the contract or lease is for and the nature of the debtor's interest **Futures Receivables Agreement**

State the term remaining

List the contract number of any government contract

**ML Factors Funding Limited Liability  
456A Central Ave., #128  
Cedarhurst, NY 11516**

2.13. State what the contract or lease is for and the nature of the debtor's interest **Real Property Lease**

State the term remaining

List the contract number of any government contract

**Northside Realty Partners, Ltd.  
Midway Real Estate, Inc.  
P.O. Box 2492  
Midland, TX 79702**

2.14. State what the contract or lease is for and the nature of the debtor's interest **Loan Agreement**

State the term remaining

List the contract number of any government contract

**OnDeck Capital  
Attn: Director of Operations  
901 N. Stuart St., #700  
Arlington, VA 22203**

2.15. State what the contract or lease is for and the nature of the debtor's interest **Real Property Lease**

State the term remaining

List the contract number of any government contract

**Peloton Real Estate Partners  
8350 N. Central Expwy., #105  
Dallas, TX 75206**

2.16. State what the contract or lease is for and the nature of the debtor's interest **Real Property Lease**

**Robert Lynn  
4851 LBJ Frwy., 10th Fl.  
Dallas, TX 75244**

Debtor 1 **FC Background, LLC d/b/a FC Construction Services**  
First Name Middle Name Last NameCase number (if known) **19-32037-sgj-11****Additional Page if You Have More Contracts or Leases****2. List all contracts and unexpired leases**

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

State the term remaining

List the contract number of any government contract \_\_\_\_\_

- 2.17. State what the contract or lease is for and the nature of the debtor's interest **Real Property Lease**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Shather & Associates, Inc.**  
**PRS A&B LLC**  
**3950 NW 167th St.**  
**Miami, FL 33054**

- 2.18. State what the contract or lease is for and the nature of the debtor's interest **Equipment Finance Agreement**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Technology Finance Corporation**  
**7077 E. Marilyn Rd., #125**  
**Scottsdale, AZ 85254**

- 2.19. State what the contract or lease is for and the nature of the debtor's interest **Real Property Lease**

State the term remaining

List the contract number of any government contract \_\_\_\_\_

**Wulfe Management Services**  
**1800 Post Oak Blvd., #400**  
**Houston, TX 77056**

**Fill in this information to identify the case:**Debtor name **FC Background, LLC d/b/a FC Construction Services**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**Case number (if known) **19-32037-sgj-11**☐ Check if this is an amended filing**Official Form 206H  
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the code debtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

*Column 1: Code debtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 Ira D. Walker****8350 N. Central Expressway, Suite 300  
Dallas, TX 75206****ML Factors**☒ D **2.17**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_**2.2 Ira D. Walker****8350 N. Central Expressway, Suite 300  
Dallas, TX 75206****Gulf Coast Bank and  
Trust Company, N.A.**☒ D **2.6**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_**2.3 Mark Hinton****8350 N. Central Expressway, Suite 300  
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Trust Company, N.A.**☒ D **2.6**  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_**2.4 Mark Hughes****8350 N. Central Expressway, Suite 300  
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Trust Company, N.A.**☒ D **2.6**  
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☐ G \_\_\_\_\_